

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered in 2003 AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

Section B

GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY
<p><i>Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.</i></p> <p><i>Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.</i></p>		100
<p>1a. For 2003, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?</p> <p>Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO</p>		<p>012 Name of plan</p>
<p>b. What was the name of the insurance company or carrier providing this plan?</p> <p>Examples: • Blue Cross Blue Shield • Alliance • Charter Health</p> <p><i>If self-insured, enter the government name.</i></p>		<p>102 Name of insurance carrier</p>
<p>2. Which type of health care provider was available through this plan?</p> <p>Exclusive providers – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.</p> <p>Any providers – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.</p> <p>Mixture of preferred and any providers – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.</p>		<p>103</p> <p>1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)</p> <p>2 <input type="checkbox"/> Any providers (Examples: Most fee-for-service plans)</p> <p>3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)</p>
<p>3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?</p> <p><i>For plans with multiple options, answer for the "in-network" option.</i></p>		<p>104</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't Know</p>

GENERAL PLAN INFORMATION – Continued

4. Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?	112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
5. Was this plan offered through a union or trade association?	113 1 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade Association 3 <input type="checkbox"/> Neither
6. Was this plan purchased from an insurance underwriter or was it self-insured? Purchased from an insurance underwriter – (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses. Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.	105 1 <input type="checkbox"/> Purchased – <i>SKIP to Question 8a</i> 2 <input type="checkbox"/> Self-insured – <i>Continue with Question 7a</i>

SELF-INSURED PLAN INFORMATION

<i>Complete questions 7a–b if this plan was self-insured.</i>	
7a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?	106 1 <input type="checkbox"/> Self-administered 2 <input type="checkbox"/> Insurance company or other administrator
b. Did your government unit purchase stop-loss coverage?	107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.	
8a. How many ACTIVE employees were ENROLLED in this plan at this government unit during a typical pay period in 2003? <i>Include full-time, part-time, temporary, and seasonal employees. Exclude retirees, former employees, leased or contract workers.</i>	125 <input style="width: 100px;" type="text"/> Active employees enrolled in plan at this government unit
b. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2003? EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage.	129 <input style="width: 100px;" type="text"/> Active employees enrolled in single coverage
c. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2003? <i>Include enrollment for both employee-plus-spouse and employee-plus-child coverage.</i>	571 <input style="width: 100px;" type="text"/> Active employees enrolled in employee-plus-one coverage
d. How many of those ACTIVE employees were ENROLLED in FAMILY (i.e., not single or employee-plus-one) coverage during a typical pay period in 2003?	705 <input style="width: 100px;" type="text"/> Active employees enrolled in family coverage

COBRA ENROLLMENT

9. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other State Continuation-Of-Benefits laws during a typical pay period in 2003?	126 <input style="width: 100px;" type="text"/> Former employees enrolled in plan, excluding retirees
---	---

PLAN PREMIUMS

Include any subsidy from an outside third party in the employer contribution for premiums.

SINGLE COVERAGE

552 1 ☐ Yes – Continue with Question 10b
2 ☐ No – **SKIP to Question 11a**

131

\$,				.	0	0
----	--	--	--	---	--	--	--	---	---	---

Government unit
contribution for
single premium

132

\$.	0	0
----	--	--	--	--	--	--	--	---	---	---

Employee contribution for **single** premium

130	\$,			.	0	0	Total single premium
-----	----	--	--	---	--	--	---	---	---	----------------------

133

- 1 ☐ Weekly
- 2 ☐ Every 2 weeks
- 3 ☐ Monthly
- 5 ☐ Quarterly
- 4 ☐ Yearly

EMPLOYEE-PLUS-ONE COVERAGE

570 1 ☐ Yes – Continue with Question 11b
2 ☐ No – **SKIP to Question 12a**

Government unit contribution for employee-plus-one premium

637

\$,				.	0	0
----	--	--	--	---	--	--	--	---	---	---

Employee
contribution for
employee-plus-one
premium

Total employee-plus-one premium

638

1 ☐ Weekly

2 ☐ Every 2 weeks

3 ☐ Monthly

5 ☐ Quarterly

4 ☐ Yearly

PLAN PREMIUMS – Continued

FAMILY COVERAGE

If premium varied by family size, report for a family of four.

12a. Was FAMILY coverage offered under this plan?

- 137 1 ☐ Yes – Continue with Question 12b
2 ☐ No – **SKIP to Question 13a**

b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?

135 \$, . 0 0 **Government unit contribution for family premium**

c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?

136 \$, . 0 0 **Employee contribution for family premium**

d. What was the TOTAL premium for this typical employee with FAMILY coverage?

134 \$, . 0 0 **Total family premium**

e. The amounts reported in questions 12b–d are based on which one of the following time periods?

Mark (X) only one.

- 553 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

GENERAL PREMIUM INFORMATION

13a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 ☐ Age
139 ☐ Gender
141 ☐ Wage or salary levels
706 ☐ Length of employment
142 ☐ Other
OR
640 ☐ Premiums did not vary

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?

Mark (X) all that apply.

- 641 ☐ Hours worked
642 ☐ Union status
643 ☐ Wage or salary level
644 ☐ Occupation
645 ☐ Other
OR
646 ☐ Employee contribution did not vary

INDIVIDUAL DEDUCTIBLES

14a. Did this plan have a deductible?

Deductible – Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 14b
2 ☐ No – **SKIP to Question 16a**

b. What was the annual deductible an individual paid?

Report in-network deductibles (If applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 16b on the next page.

DO NOT report COPAYMENTS here.

146 \$, . 0 0 **Individual annual deductible**

OR

Separate deductibles for:

147 \$, . 0 0 **Physician care**

148 \$, . 0 0 **Hospital care**

FAMILY DEDUCTIBLES

15a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

- 224
- 1 ☐ Yes – Continue with Question 15b
 2 ☐ No – **SKIP to Question 15c**
 3 ☐ Family coverage not offered – **SKIP to Question 16a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149 Total annual family deductible

PAYMENTS

16a. Was hospital care covered under this plan?

- 155
- 1 ☐ Yes – Continue with Question 16b
 2 ☐ No – **SKIP to Question 16c**

b. How much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an inpatient hospital admission after any annual deductible was met?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

Report for precertified hospital admissions (if applicable).

Report for admission at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital admission.

152 Copayment paid by enrollee for hospital admission

- 154
- 1 ☐ Per day
 2 ☐ Per stay

AND/OR

153 % Coinsurance paid by enrollee

c. Was physician care covered under this plan?

- 218
- 1 ☐ Yes – Continue with Question 16d
 2 ☐ No – **SKIP to Question 17a**

d. How much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an office visit after any annual deductible was met?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

Report for an "in-network"/participating general practitioner during normal office hours.

156 Copayment paid by enrollee for office visit

AND/OR

157 % Coinsurance paid by enrollee

17a. Were outpatient prescription drugs covered under this health plan?

- 673
- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know } **SKIP to Question 18a**

b. Was outpatient prescription drug coverage based on a formulary that restricted which drugs were covered?

- 676
- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

PAYMENTS – Continued

17c. How much and/or what percentage did an enrollee pay out-of-pocket for the different tiers of prescription drug coverage?

If reporting for one tier, enter your response in the Lowest cost to enrollee box. If reporting for two tiers, enter your responses in the Lowest and Highest cost to enrollee boxes.

Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.

Lowest cost to enrollee
(Tier 1)

655
\$. 0 0

Copayment
And/Or

677
 %

Coinsurance

Middle cost to enrollee
(Tier 2)

700
\$. 0 0

Copayment
And/Or

701
 %

Coinsurance

Highest cost to enrollee
(Tier 3)

702
\$. 0 0

Copayment
And/Or

703
 %

Coinsurance

18a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?

Include all copayments, coinsurance and deductibles.

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161
\$, . 0 0

OR

163 ☐ No **individual** maximum

b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?

162
\$, . 0 0

OR

222 ☐ No **family** maximum

19. What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?

160
\$, , . 0 0

OR

221 ☐ No **annual** maximum

PLAN CHARACTERISTICS

20. Could this plan have refused to cover persons with pre-existing medical or health conditions?

183 1 ☐ Yes
2 ☐ No

21. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

185 1 ☐ Yes
2 ☐ No

22. Which of the services listed were covered by this plan?

	Yes (1)	No (2)	Don't know (3)
164 Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
585 Adult preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
586 Well-baby/well-child care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** PLEASE NOTE ***

If your government unit offered MORE THAN ONE health insurance plan, please fill out a MEPS-11(S) for each plan that was offered. Then continue with the form MEPS-11(R), at the back of this package.

If this is your last health insurance plan, please continue with the form MEPS-11(R), Section C.